

State Elected Official Financial Disclosure Form

Name of Official: Sara Burlingame

Office Held: Representative

Senate District (if applicable): _____

House District (if applicable): 44

Business Address: 1605 Capitol Ave Ste. 405

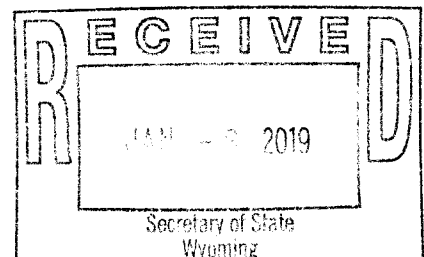
Business City, State and Zip: Cheyenne, WY 82001

Business Phone: (307) 778-7645

Home Address: 501 E. 6th St.

Home City, State and Zip: Cheyenne, WY, 82007

Home Phone: (307) 214-2554



I. Offices, Directorships and Employment

(Please use additional sheets as necessary.)

- a) List the *offices* held in business enterprises. This includes partnerships.

Office Held

Name and Address of Enterprise

- b) List any *directorship positions* held in business enterprises.

Name of Enterprise

Address of Enterprise

- c) Salaried Employment

Job Title

Name and Address of Enterprise

Executive Director

Wyoming Equality
1605 Capital Ave St. 405
Cheyenne, WY 82001

II. Sources of Income

(Please use additional sheets as necessary.)

a) Employment

Name of Employer

Address of Employer

Wyoming Equality

1605 Capitol Ave.

Cheyenne, WY 82007

- b) Business Interests - list the names and addresses of all business entities in which you have a business interest (W.S. 9-13-108 (c) states: "Name and address of all business entities but excluding interests if less than ten percent (10%) of the entity is owned, or sole proprietorship from which income is earned. . . .")

Name of Business Entity

Address of Business Entity

c) Investments

Income Earned

A. Any security or interest earnings

☐

Yes

☐

No

B. Real estate, leases, royalties

☒

Yes

☐

No

d) Other (describe generally): _____

On this 4th day of January, 2019, I affirm that the preceding information is accurate.


Signature